EXHIBIT B

	E 00-10123-0WZ		<u> </u>	<u> IJI Fay</u>		
DIST C. C. I	ES BANKRUPTCY COURT RICT OF NEVADA		OOF OF CLAIM			
Name of Debtor		Case Nu	ımber	ļ		
USA Commercial	Mortgage Company	06-107	725-LBR			
This form should not be use ansing after the commence administrative expense may	st of Debtors and Case Numbers ed to make a claim for an administrative exp ment of the case A "request" for payment y be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of	WHOSE LOAN IS	LY OWED MONEY B S BEING SERVICED	BY THE
	d Address 	55	statement giving particulars Check box if you have never received any notices from the bankruptcy court or	OF CLAIM THIS BORROWER HE	DO <i>NOT</i> HAVE TO I INCLUDES MONEY LD IN THE COLLEC IIS PROOF OF CLAI	Y FROM THAT TION ACCOUNT
SANTA AN	A CA 92705		BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the	SECURED INTER ONE OF THE DE If you have air Bankruptcy Court	REST IN A BORROV BTORS ready filed a proof of or BMC you do not	VER THAT IS NOT claim with the need to file again
Creditor Telephone Number			court	THIS SPAC	E IS FOR COUR	TUSE ONLY
15	or other number by which creditor identifies	debtor	Check here replain or if this claim amer	 a previously 	/ filed claım dated	
1 BASIS FOR CLAIM		Retiree	benefits as defined in 11 U S	C § 1114(a)	Unremitted	principal
Goods sold Services performed	Personal injury/wrongful death Taxes	_	salaries and compensation (fill out below)	Other claims (not for loan	s against service
Money loaned	Other (describe briefly)		r digits of your SS #	rformed from	•	balanoooy
Z money leaned		Oripaid	compensation for services pe	Homed Rom	to (date)	(date)
2 DATE DEBT WAS INCU	IRRED NOV 11 , 02 + NOV 24, 04	4 3 IF C	OURT JUDGMENT, DATE O	BTAINED	NA	(acto)
	CLAIM Check the appropriate box or boxes that	at best descr	tbe your claim and state the amo	unt of the claim at t	the time case filed	
See reverse side for importa UNSECURED NONPRIOR	•		SECURED CLAIM			
Check this box if a) there	e is no collateral or lien securing your claim or b) property securing it or if c) none or only part of your		Check this box if you a right of setoff)		red by collateral (৷	ncluding
UNSECURED PRIORITY	CLAIM		Brief description of			
Check this box if you have entitled to priority	ve an unsecured claim all or part of which is		Real Estate Value of Collateral	_ Motor Vehicle	e L_ Other	· · · · · · · · · · · · · · · · · · ·
Amount entitled to priority	v \$				ot time cose files	l included in
Specify the priority of the	* ***		Amount of arrearage as secured claim if any	\$ 79, 003.	38	ī iuciadēd iu
Domestic support obligat	ons under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits town	ard purchase lease	or rental of proper	ty or
before filing of the bankru	missions (up to \$10 000)* earned within 180 days uptcy petition or cessation of the debtors	s E	services for personal family of Taxes or penalties owed to go		•	•
! 1	arlier - 11 U S C § 507(a)(4) oyee benefit plan - 11 U S C § 507(a)(5)		Other Specify applicable par			•
Contributions to an emple	byee benefit plan - Ti U S C § 507(a)(5)		* Amounts are subject to adju- with respect to cases commer			reafter
5 TOTAL AMOUNT OF CI AT TIME CASE FILED	ΨΨ	79,00.			\$ 79,00	3,38
	(unsecured) icludes interest or other charges in addition to the	•	secured) amount of the claim Attach ite	(priority) mized statement o		(Total) Itional charges
7 SUPPORTING DOCU	t of all payments on this claim has been cre JMENTS Attach copies of supporting doci- acts, court judgments, mortgages security ocuments are not available explain. If the	<u>uments,</u> si agreement	uch as promissory notes pure ts, and evidence of perfection	chase orders inv	oces itemized st	atements of AL
proof of claim	PY To receive an acknowledgment of th					
ACCEPTED) so that it	mpleted proof of claim form must be sen is actually received on or before 5 00 pm tity (including individuals, partnerships, o	n, prevailir	ng Pacific time, on Novemb	er 13, 2006		FOR COURT
BY MAIL TO BMC Group		BY HAND BMC Gro	OR OVERNIGHT DELIVERY TO		1070500710	
Attn USACM Claims Do	ocketing Center	Attn USA	ACM Claims Docketing Cente	er	1072530718 r ~ ~	
P O Box 911 El Segundo CA 90245-	0911		st Franklin Avenue do CA 90245			
DATE	SIGN and print the name and title if any of	ne creditor o	r other person authorized to file	FIF	OCT 25	2006
OCT 20,06	the claup attach copy of power of autor		ARADIDUA H	, ,		

Case 05130 (Case Case 735 100725-1500 CTAIN PROOF OF CLAIM		YOUR CLA	NM IS SCHEDULED AS:		
Name of Debtor:		Case Nu	mber:	Schedule/Claim ID		
			25-LBR	Amount/Classifica \$10,033.44 Unsec		
Address: Name of Creditor and Address: In this case A 154 10 10 10 10 10 10 10 1			Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the envelope sent to you by the	The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below. If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed. If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.		
Creditor Telephone Number () 5	0-583-283	36	court.		E IS FOR COURT USE ONLY	
Last four digits of account or other number $4CC7$. 103398	r by which creditor identifies	debtor:	Check here replain or amer	ces , a previously nds	filed claim dated: 2/39/06	
1. BASIS FOR CLAIM			penefits as defined in 11 U.S	.C. § 1114(a)	Unremitted principal	
	al injury/wrongful death	Wages,	salaries, and compensation	(fill out below)	Other claims against servicer	
Services performed		Last four	digits of your SS #:		(not for loan balances)	
Money loaned United Other (c	lescribe briefly)	Unpaid o	compensation for services pe	rformed from:	to	
2. DATE DEBT WAS INCURRED:	1/13/06	3. IF C	OURT JUDGMENT, DATE O	OBTAINED:	(date) (date)	
4. CLASSIFICATION OF CLAIM. Check	he appropriate box or boxes that				time case filed.	
See reverse side for important explanations.			SECURED CLAIM			
UNSECURED NONPRIORITY CLAIM \$ Check this box if: a) there is no collateral o exceeds the value of the property securing entitled to priority.			a right of setoff).		red by collateral (including	
UNSECURED PRIORITY CLAIM			Brief description of		П от	
Check this box if you have an unsecured claim, all or part of which is					Other	
entitled to priority. Amount entitled to priority \$			Value of Collateral			
Specify the priority of the claim:			secured claim, if any:		at time case filed included in	
Domestic support obligations under 11 U.S	i.C. § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225* of deposits toward	ard purchase. lease	or rental of property or	
Wages, salaries, or commissions (up to \$1	0,000)*, earned within 180 days		services for personal, family, o			
before filing of the bankruptcy petition or ce business, whichever is earlier - 11 U.S.C.			Taxes or penalties owed to go		- ',','	
Contributions to an employee benefit plan	· 11 U.S.C. § 507(a)(5).		Other - Specify applicable para * Amounts are subject to adjust	• •	- , , , ,	
		-	with respect to cases commen		late of adjustment.	
5. TOTAL AMOUNT OF CLAIM \$		<u>559</u>			\$ 533,728 · 99	
Check this box if claim includes interest of	(unsecured) or other charges in addition to the	•	secured) amount of the claim. Attach ite	(priority) emized statement o	(Total) f all interest or additional charges.	
6. CREDITS: The amount of all payment 7. SUPPORTING DOCUMENTS: Atta running accounts, contracts, court judg DOCUMENTS. If the documents are r 8. DATE-STAMPED COPY: To recei proof of claim.	s on this claim has been cre ach copies of supporting documents, mortgages, security not avallable, explain. If the	dited and o uments, su agreement documents	deducted for the purpose of a ach as promissory notes, pur ts, and evidence of perfections are voluminous, attach a su	making this proof chase orders, inv n of lien. DO NO ummary.	of claim. olces, itemized statements of DT SEND ORIGINAL	
The original of this completed proof ACCEPTED).	of claim form must be sen	nt by mail	or hand delivered (FAXES	NOT	THIS SPACE FOR COURT USE ONLY	
BY MAIL TO: BMC Group Attn: USACM Claims Docketing Cente P. O. Box 911 El Segundo, CA 90245-0911	r	BMC Ground Attn: USA 1330 Eas	OR OVERNIGHT DELIVERY TO up NCM Claims Docketing Cente t Franklin Avenue do, CA 90245			
	nt the name and title, if any, of the m (attach come of power of attom			~		

FORM B10 (Official Form 10) (10/05)					
United States Bankrupicy Court	DISTRICT OF Nevada	PROOF OF CLAIM			
Name of Dubios USA COMMERCIAL MORTEAGE CO	Case Number 06-10725-LBR				
NOTE This form should not be used to make a claim for an administrative expense magnificance. A request for payment of an administrative expense magnificance.	strative expense arising after the commencement				
Name of Creditor (The person or other entity to whom the dubtor owes money or property) FREDA NEWMAN, TRUSTERSON Name and address where notices should be sent FREDA NEWMAN Clo DANIEL NEWMAN Clo DANIEL NEWMAN OR SEDOM 12834	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court in this case. Check box if the address differs from the				
Telephone number 928 282 5466 Last four digits of account or other number by which creditor	the court Check here replaces	THIS SIME! IS HOR COURT USE ON			
identifies debtor	if this claim amends a previously filed	claim dated			
1. Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other	Retiree benefits as defined in 11 Wages salaries and compensation Last four digits of your SS # Unpaid compensation for service from	on (fill out below)			
2. Date debt was incurred OCTOBER 29 2003	3. If court judgment, date obtained				
4 Classification of Claim. Check the appropriate box or boxes the Sec reverse side for important explanations. Unsecured Nonpriority Claim \$\(\text{LINE 4 OF Ex A} \) Check this box if a) there is no collateral or lien securing your only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of we entitled to priority Amount entitled to priority Specify the priority of the claim Domestic support obligations under 11 U S C \(\phi \) 507(a)(1)(A) or (a)(1)(B) Wages salaries or co missions (up to \$10 000),* earned within days before filling of the bar kruptcy petition or cessarion of the debte business whichever is earner \(11 U S C \(\phi \) 507(a)(4) \) Contributions to an employee benefit plan - 11 U S C \(\phi \) 507(a) Check this box if claim includes interest or other charges in add interest or additional charges 6. Credits The amount of all payments on this claim has been	Secured Claim Check this box f your claim is a right of setoff) Brief Description of Collateral Real Estate Motor Ve Value of Collateral \$\infty \lambda \text{NK} \text{Amount of arrearage and other charge secured claim, if any \$\infty \left \text{LK} \text{2} \text{2} \text{ Up to \$2 225* of deposits toward purch or services for personal family or house \$507(a)(7) Taxes or penalties owed to governmental of \$\infty \text{Amounts are subject to adjustment on 4/1/0} with respect to cases commenced on or of the claim. Attach is the principal amount of the claim. Attach is secured on the principal amount of the claim.	hicle Other————————————————————————————————————			
making this proof of claim 7 Supporting Documents Attach copies of supporting docume orders involves itemized statements of running accounts corural agreements, and evidence of perfection of item DO NOT SEMI documents are not available explain. If the documents are voluin addressed envelope and copy of this proof of claim. Date Sign and print the rame and trile if any of the file this claim (attach copy of power of attornance).	onts, such as promissory notes, purchase cts court judgments mortgages, security D ORIGINAL DOCUMENTS if the ninous attach a summary ing of your claim, enclose a stamped self-FILED				
Penulty for presenting frasuudens claim. Fine of up to \$500,000 or	1	USA CMC 1072502031			

FORM B10 (Official Form 10) (10/05)

UNITED STATES	BANKRUPICY COURT	Dis	rric T C	r N	levada	DDOOL OF CLAIM
Name of Debtor	USA Commercial Mortgage Company Case Number 06-10725-LBR					PROOF OF CLAIM
NOTE This form of the case. A req						
dubtor owes money and w surviv. Name and address Eric B Freedus 5008 Nighthaw Oceanside CA Telephone number	k Way 92056 760-726-9919	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court in this case. Check box if the address differs from the address on the envelope sent to you by the court.				y s
Last four digits of a	account or other number by which creditor		k here s claim		p laces mends a previously f	iled claim dated
✓ Money		<u> </u>	La Ur	ages ist fou ipaid		
	vas incurred June 2005	3	If cour	t jud	igment, date obtain	ed
See reverse side Unsecured Non Check this b b) your claim exce only part of your of Unsecured Priori Check this be entitled to priority Amount entitled to Specify the priority of Domestic supp (a)(1)(B) Wages salaries days before filing of business whicheve	ox if you have an unsecured claim all or part of w	vhich is	Amount secured. Up to \$2 or service. \$ 507(a) Taxes or Other - Sounts are	Check of see Sales	Claim It this box if your claim etoff) Description of Collate al Estate Moto of Collateral \$_U\$ arrearage and other chim if any \$_4,419 To deposits toward pressonal family or interest to adjustment on a section of the collateral section section	eral r Vehicle Other nknown arges at time case filed included in
5 Total Amou	nt of Claim at Time Case Filed	\$_	304,41		304.419	304,419
interest or addi	of claim includes interest or other charges in additional charges	ition to the			(secured) ount of the claim Att	(priority) (Total) ach itemized statement of all
7 Supporting D orders invoices agreements and documents are r 8 Date-Stamped	neuments Attach copies of supporting documents attempted statements of running accounts control evidence of perfection of lien DO NOT SEN not available explain If the documents are voluing. Copy To receive an acknowledgment of the filope and copy of this proof of claim. Sign and print the name and title if any, of the filope this claim (attach copy of power of attorities).	ents, such a acts court jud on ORIGIN minous, attaining of your he creditor	s promis udgment AL DOO ach a sun claim, e	sory of the sory o	notes, purchase ortgages, security FI ENTS If the year a stamped self-	THIS SPACE IS ITOR COURT USE ONLY ED JAN 17 2007
	Eric B Freedus	Le	edi	w		USA CMC

TOTAL DIV (Chicar Cont. 10) (10/00)						
UNITED STATES BANKRUPTCY COURT	DISTRICT OF Nevada	PROOF OF CLAIM				
Name of Debtor USA Commercial Mortgage Company						
NOTF This form should not be used to make a claim for an administrative expense ma	ement					
Name of Creditor (The person or other entity to whom the debtor owes mancy or property) Gold Plated LLC, Dwight W Harouff, Manager	Check box if you are aware that any else has filed a proof of claim relati your claim. Attach copy of statemes giving particulars	ng to ent				
Name and address where notices should be sent Dwight W & Mary Ann Harouff 5680 Ruffian Road	Check box if you have never receive notices from the bankruptcy court is case. Check box if the address differs from the	in this				
Las Vegas, NV 89149 Telephone number (702) 873-6688	address on the envelope sent to you	This Space is for Court Use Only				
Last four digits of account or other number by which creditor	the court. Check here replaces					
identifies debtor	if this claim amends a previou	usly filed claim dated				
1 Rasis for Claim		med in 11 U S C § 1114(a)				
Goods sold Services performed	Last four digits of your	mpensation (fill out below)				
Money loaned	Unpaid compensation i					
Personal injury/wrongful death	from	to				
Other See Exhibit A	(date)	(date)				
2. Date debt was incurred June, 2005	3. If court judgment, date of	etained				
Accepted Claim Lineacured Nonpriority Claim § 752,859 27 Check this box if a) there is no collateral or lien securing your claim or only part of your claim exceeds the value of the property securing it, or if c) none or only part of your claim is sentitled to priority Lineacured Priority Claim Check this box if you have an unsecured claim all or part of which is entitled to priority \$ Lineacured Priority Claim Check this box if you have an unsecured claim all or part of which is entitled to priority \$ Lineacured Priority of the claim Check this box if you have an unsecured claim all or part of which is entitled to priority \$ Lineacured Priority of the claim Check this box if you have an unsecured claim all or part of which is entitled to priority \$ Lineacured Priority of the claim Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral Wall Estate Motor Vehicle Other— Value of Collateral \$ Linknown Amount of arrearage and other charges at time case filed included in secured claim if any \$ 11,018 75 Lineacured Claim Wages salaries or commissions (up to \$10 000),* earned within 180 or services for personal family, or household use - 11 U S C \$ 507(a)(1) Taxes or penalties owed to governmental units - 11 U S C \$ 507(a)(8) Other - Specify applicable paragraph of 11 U S C \$ 507(a)(1) *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment with respect to cases commenced on or after the date of adjustment of the claim Attach tremzed statement of all Check this box if claim includes interest or other charges in addition to the priority and control of the claim Attach tremzed statement of all check this box if claim includes interest or other charges in addition to the priority and the claim attach tremzed statement of all check this box if claim includes interest or other charges in addition to the priority and the claim attach tremzed statement of all c						
interest of additional charges						
6. Credits The amount of all payments on this claim has been making this proof of claim	created and deducted for the purpose of	THIS SPACE IS FOR COURT USE ONLY				
7 Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase orders invoices itemized statements of running accounts, contracts, court judgments mortgages, security						
agreements and evidence of perfection of lien DO NOT SEN	ORIGINAL DOCUMENTS If the	'				
de annual de la companya del companya del companya de la companya						
8 Date-Stamped Copy To receive an acknowledgment of the fi addressed envelope and copy of this proof of claim	ng of your claim, enclose a stamped sel	Futo (A) 1 A 2007				
Date Sign and print the name and title if any, of t	e creditor or other person authorized to	FILED JAN I O 2007				
file this claim (attach copy of power of attorney if any)						
The march	Dwight W Harouff, Manager	USA CMC				
Penalty for presenting fraudulent claim. Fine of up to \$500 000 or	imprisonment for up to 5 years or both	18 U.S (

FORM B10 (Official Form 10) (10/05)

Company Company						
United States Bankruptcy Court	DISTRICT OF Nevada PROOF OF CLAI	М				
Name of Dubtor USA Commercial Mortgage Company	Case Number 06-10725-LBR					
NOTH This form should not be used to make a claim for an admin of the case. A request for payment of an administrative expense in						
Name of Creditor (The person or other entity to whom the dubtor owes money or property) James Paul Goode Name and address where notices should be sent James Paul Goode	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court in this case.					
401 Puuhale Road Honolulu, HI 96819 Telephone number 808-479-0627	Check box if the address differs from the address on the envelope sent to you by the court. This Space is for Court Usi	Only				
Last four digits of account or other number by which creditor identifies debtor	Check here replaces If this claim amends a previously filed claim dated					
I Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other See Exhibit A	Retiree benefits as defined in 11 U S C § 1114(a) Wages salaries and compensation (fill out below) Last four digits of your SS # Unpaid compensation for services performed fromto					
2 Date debt was incurred January 1999	3 If court judgment, date obtained					
4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations Unsecured Nonpriority Claim \$ 708,761 49 Check this box if a) there is no collateral or lien securing your claim or only part of your claim is entitled to priority Unsecured Priority Claim Chick this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority Specify the priority of the claim Domestic support obligations under 11 U S C \$ 507(a)(1)(A) or (a)(1)(B) Wages salaries, or commissions (up to \$10 000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C \$ 507(a)(4) Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral Wolver Vehicle Walue of Collateral Unknown Amount of arrearage and other charges at time case filed included in secured claim if any \$ 7,354 09 Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use - 11 U S C \$ 507(a)(7) Taxes or penalties owed to governmental units - 11 U S C \$ 507(a)(8) Other - Specify applicable paragraph of 11 U S C \$ 507(a)(
Total Amount of Claim at Time Case Filed C heck this box if claim includes interest or other charges in additional charges	\$ 708,761 44 708,761 49 708,761 49 (unsecured) (secured) (priority) (Total) dition to the principal amount of the claim. Attach itemized statement of all	-				
6 Credits The amount of all payments on this claim has been making this proof of claim 7 Supporting Documents Attach copies of supporting documents are invoices itemized statements of running accounts contral agreements and evidence of perfection of lien. DO NOT SEN documents are not available explain. If the documents are voluing addressed envelope and copy of this proof of claim. Date Sign and print the name and title if any of the file this claim (attach copy of power of attornaments).	ents such as promissory notes purchase acts court judgments, mortgages, security D ORIGINAL DOCUMENTS If the minous attach a summary FILED JAN 1 0 2007 ling of your claim enclose a stamped self-	INI Y				
Pen iliv for presenting fraudulent claim Fine of up to \$500 000 or	upprsonment for up to 5 years or both 18 II 1072501971					

3.00.000				
UNITED STATES BANKRUPTCY COURT	DISTRICT OF NEVADA	PROOF OF CLAIM		
Name of Debtor USA COMMERCIAL MORTGAGE Co.				
NOTE: This form should not be used to make a claim for an administrative expense material control of the case. A request for payment of an administrative expense materials are controlled to the case.	• •	1		
Name of Creditor (The person or other entity to whom the debtor owes money or property) GRA HAM FAMILY TRUST dtd 10/34/78	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving purticulars.			
Name and address where notices should be sent ROBERT C. LEPOME 10120 S. EASTERN # 200 HENDERSON, NV 89052 Telephone number (702) 492-1271	Check box if you have never received any notices from the bankruptcy court in this case. Check box if the address differs from the address on the envelope sent to you by the court.	THIS SPINET IS FOR COURT USE ON Y		
Last four digits of account or other number by which creditor identifies debtor	Check here replaces if this claim amends a previously file	d claim dated		
1 Basis for Claim ☐ Goods sold ☐ Services performed ☐ Money loaned ☐ Personal injury/wrongful death ☐ Taxes ☐ Other ☐ NEGLICENCE + FRAUD	Retiree benefits as defined in 1 Wages, salaries and compensal Last four digits of your SS # _ Unpaid compensation for servi fromto (date)	tion (fill out below)		
2. Date debt was incurred JAN 1, 2005 TO APRIL 12, 2006	3. If court judgment, date obtained	•		
4 Classification of Claim. Check the appropriate box or boxes the See reverse side for important explanations. Unsecured Nonpriority Claim \$	Secured Claim Claim, or lone or Brief Description of Collatera Real Estate Motor Value of Collateral \$ Amount of arrearage and other charges secured claim, if any \$ Up to \$2,225* of deposits toward purpor services for personal, family, or how \$ 507(a)(7) Taxes or penalties owed to government of \$ *Amounts are subject to adjustment on 4/10.	is secured by collateral (including If the collateral (including Other Other Collateral (included in collateral included in collateral including included in collateral included in col		
5 Total Amount of Claim at Time Case Filed Check this box if claim includes interest or other charges in ad-	(unsecured) (secured) (p	orionty) (Total)		
interest or additional charges. 6. Credits: The amount of all payments on this claim has been		THIS SPACE IS FOR COURT USE ONLY		
making this proof of claim 7 Supporting Documents. Attach copies of supporting documents orders invoices, itemized statements of running accounts, contragreements, and evidence of perfection of lien. DO NOT SEN documents are not available, explain If the documents are volu. 8. Date-Stamped Copy. To receive an acknowledgment of the finaddressed envelope and copy of this proof of claim.	ents, such as promissory notes, purchase cts, court judgments, mortgages, security D ORIGINAL DOCUMENTS If the ninous, attach a summary	ED DEC 07 2006		

	1110107	t claim is a fine of up to \$500 000 or imprisoni	ment for unito	TOBY GL	inning)	072502155
DATE	1/10/0-	SIGN and print the name and title if any of this claim lattact copy of power of att			\	USA CMC
P Ei	tn USACM Claims Doo O Box 911 Segundo, CA 90245-0	911	1330 Eas El Segun	ACM Claims Docketing Center the Franklin Avenue do CA 90245	FILED JAI	N 12 200
for go BY BN	r each person or entity overnmental units) MAIL TO MC Group	y (ıncludıng ındıvıduals, partnershıps	BY HAND BMC Gro	ns, joint ventures, trusts a OR OVERNIGHT DELIVERY To up	nd D	
pro Th	oof of claim ne original of this com	pleted proof of claim form must be se actually received on or before 5 00 p	ent by mail o	or hand delivered (FAXES I	NOT THIS SPACE	FOR COURT
7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders invoices itemized statements of running accounts, contracts, court judgments, mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous attach a summary 8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this						
6 CF	REDITS The amount of	of all payments on this claim has been cr	redited and d	leducted for the purpose of r	naking this proof of claim	_
1	TIME CASE FILED heck this box if claim incli	(unsecured) udes interest or other charges in addition to	٠.	secured) amount of the claim Attach ite	(priority)	(Total)
5 TO	TAL AMOUNT OF CLA		145		strient on 41107 and every 3 years the need on or after the date of adjustment	
b	ousiness whichever is earli	ser - 11 U S C § 507(a)(4) se benefit plan 11 U S C § 507(a)(5)		Other - Specify applicable par	agraph of 11 U S C § 507(a) () stment on 4/1/07 and every 3 years the	, ,
	Vages salaries or commis	ssions (up to \$10 000)* earned within 180 daticy petition or cessation of the debtor's	للبيا	services for personal family	ard purchase lease or rental of proper or household use 11 U S C § 507(a)(7 overnmental units 11 U S C § 507(a)	7)
_ s	Specify the priority of the cl	aim ns under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	, , , , , , , , , , , , , , , , , , , ,	secured claim, if any	\$ 2299.30	
е	entitled to priority Amount entitled to priority	\$	Value of Collateral Amount of arrearage ar			d included in
	CURED PRIORITY CL. Check this box if you have a	AIM an unsecured claim, all or part of which is		Real Estate	Motor Vehicle Other	
e	Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority Check this box if your claim is secured by collateral (including a right of setoff) Brief description of collateral					
UNSE	reverse side for important	ry CLAIM \$ 145.599.9		SECURED CLAIM	our claim is secured by collateral (includina
	TE DEBT WAS INCUR ASSIFICATION OF CL			OURT JUDGMENT, DATE On the beginning the bound of the beginning the beginning the bound of the beginning the beginning the bound of the beginning the bound of the beginning the bound of t		
ΙΧίν	Money loaned	Other (describe briefly) See Exhibit A	Unpaid c	ompensation for services pe	rformed from to (date)	(date)
	Services performed	Taxes	Last four	salaries and compensation (digits of your SS #	(not for loar	s against servicei i balances)
	SIS FOR CLAIM Goods sold	Personal injury/wrongful death		enefits as defined in 11 U S		•
	# 68	255		Check here replain or amer	a previously filed claim dated	•
		773 624-0575 other number by which creditor identifies	s debtor	court	THIS SPACE IS FOR COUR	7.7.
				Check box if this address differs from the address on the envelope sent to you by the	If you have already filed a proof of Bankruptcy Court or BMC you do not	
	7245 BROCK RENO NV 89	WAY COURT 9523		from the bankruptcy court or BMC Group in this case	DO NOT FILE THIS PROOF OF CLA SECURED INTEREST IN A BORROV ONE OF THE DEBTORS	
	GUNNING TO	113212420356 OBY	76	Check box if you have never received any notices	OF CLAIM THIS INCLUDES MONE BORROWER HELD IN THE COLLEC	
	strative expense may be of Creditor and	pe filed pursuant to 11 U S C § 503 Address		to your claim Attach copy of statement giving particulars	WHOSE LOAN IS BEING SERVICED DEBTORS YOU DO <u>NOT</u> HAVE TO	BY THE FILE A PROOF
This fo	orm should not be used after the commenceme	to make a claim for an administrative ex ent of the case A "request" for paymen		Check box if you are aware that anyone else has filed a proof of claim relating	IF YOU ARE ONLY OWED MONEY E	3Y A BORROWER
NOTE	See Reverse for Liet	of Debtors and Case Numbers	<u> </u>			
}	e of Debtor SA Commercial M	ortgage Company	1	25-LBR		•
			Case Nu	mhor		?
	UNITED STATE DISTR	S BANKRUPTCY COURT CT OF NEVADA		OF OF CLAIM	Tist Page 9 of II	

United States Bankruptcy Court	Dis	TRICT O	F Ne	vada	PROOF OF CLAIM	
Name of Debtor		Number		7-25-LBR		
USA COMMERCIAL MORTGAGE COMPAN						
NOTH This form should not be used to make a claim for an admini of the case. A request for payment of an administrative expense me	strative exp	ense ansi	ng after	r the commencement		
					_	
Name of Creditor (The person or other entity to whom the dubtor owes money or property).				e aware that anyone fof claim relating to		
dibior, owes money or property) FIRST SAVINGS BANK CUSTODIAN FOR	, ,	r claim A		copy of statement		
JOHN A M HANDAL, IRA		•.		ve never received an	,	
Name and address where notices should be sent	notic	ces from	,	kruptcy court in this		
	Case		the add	ress differs from the		
Telephone number: FSB: (702) 740 - 4063	1 .	ress on the court.	e envek	ope sent to you by	THIS SPACE IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor	<u> </u>	ck here		aces		
identifies debtor IRAAcc, D. 7282	ıf th	is claim	ame	ends a previously fi	led claim, dated	
1 Rasis for Claim					11 U S C. § 1114(a)	
Goods sold Services performed				aiaries, and compen digits of your SS #	sation (fill out below)	
Money loaned		Uı	npaid c	compensation for se	rvices performed	
Personal injury/wrongful death		fre	om	······································		
Taxes See EXHIBIT A				(date)	(date)	
2. Date debt was incurred.	3.	If cour	rt judg	ment, date obtain	d·	
DECEMBER 2005.						
4 Classification of Claim. Check the appropriate box or boxes the for proportions explanations.	hat best des	_	_		t of the claim at the time case filed	
See reverse side for important explanations. Unsecured Nonpriority Claim \$253,672,92		1	ed Cla	rim		
	ır claım, or	a right	Check to of set	this box if your claim	is secured by collateral (including	
Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority Check this box if your claim is secured by collateral (including a right of setoff) Reset Description of Colleteral						
Unsecured Priority Claim Brief Description of Collateral Real Estate Motor Vehicle Other———						
	ubah a	,	Value o	of Collateral \$ U/	NKNOWN	
entitled to priority Amount of arrearage and other charges						
Amount entitled to priority \$ secured claim, if any \$\frac{3}{672.92}						
Specify the priority of the claim Up to \$2,225* of deposits toward purchase, lease, or rental of property						
Domestic support obligations under 11 U S C § 507(a)(1)(A) (or	ог servic § 507(a)		personal, family, or l	ousehold use - 11 U S C	
(a)(1)(B)	П			ies owed to governm	ental units - 11 USC § 507(a)(8)	
Wages, salaries, or commissions (up to \$10,000),* earned with	in 180			-	h of 11 USC § 507(a)()	
days before filing of the bankruptcy petition or cessation of the deb business, whichever is earlier - 11 U.S.C. § 507(a)(4)	*An	nounts ar	e subje	ct to adjustment on 4	V1/07 and every 3 years thereafter	
Contributions to an employee benefit plan - 11 U S C. § 507(s	a)(5)	with resp	ect to	cases commenced or	or after the date of adjustment.	
5 Total Amount of Claim at Time Case Filed	\$	253,	استكسب		<u> </u>	
(unecured) (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.						
6. Credits The amount of all payments on this claim has been	n credited a	nd deduc	ted for	the purpose of	THIS SPACE IS FOR COURT USE ONLY	
making this proof of claim 7 Supporting Documents: Attach copies of supporting documents.	المسورة موسور	04		otos nuesbos:		
7 Supporting Documents: Attach copies of supporting documents orders invoices itemized statements of running accounts, contraction.	USA CMC					
agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the						
documents are not available, explain If the documents are voluminous, attach a summary						
8. Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim						
Date , Sign and print the name and title, if any, of	the creditor	or other	persor	authorized to		
file this claim (attach copy of power of atto	rney, if any	1) M 4	4ND:	AL F	LED JAN 1 2 2007	
Transfer 50	HN A.	, rc , 77 t	,, ,,	,-		

FORM B10 (Official Form 10) (10/05)

TOTAL DIE COMMENT OF TOTAL TO					•		
UNITED STATES BANKRUPTCY COURT	====			Nevad		PROOF OF CLAIM	
Name of Dubtor USA Commercial Mortgage Company Case Number 06-10725-LBR							
NOTE This form should not be used to make a claim for an adminis							
of the case. A request for payment of an administrative expense ma	y be filed	pursua	nt to	HUSC	€ \$ 503		
Name of Creditor (The person or other entity to whom the					are that anyone		
debtor owes money or property) Dwight W Harouff & Mary Ann Harouff Trustees	l else	has fil	led a	proof of	claim relating to		
of the Harouff Chantable Remainder Trust 9/5/96	givii	ng pari	ticula	ırs			
Name and address where notices should be sent					ever received any picy court in this		
Dwight W & Mary Ann Harouff 5680 Ruffian Road	case						
Las Vegas, NV 89149	addi	ess or			s differs from the sent to you by	THIS SPACE IS FOR COURT USE ONLY	
Telephone number (702) 873-6688 Last four digits of account or other number by which creditor		court. ck her	e I	replace	s	1	
identifies debtor.		is clai		amend	s a previously fi	led claim dated	
1 Basis for Claim						11 USC § 1114(a)	
Goods sold			Wag	ges salar	nes and compen gits of your SS #	sation (fill out below)	
Services performed Money loaned		_				rvices performed	
Personal injury/wrongful death			fror	n		to	
Other See Exhibit A					(date)	(date)	
2. Date debt was incurred July, 2005	3.	If c	ourt	judgme	nt, date obtaine	ed	
4 Classification of Claim. Check the appropriate box or boxes the	nat heet des	cube	VORT	claim an	d state the amou	of the claim at the time case filed	
See reverse side for important explanations.				d Claim		THE THE PARTY OF THE PARTY VIEW PROPERTY.	
Unsecured Nonpriority Claim \$ 284,090 98		1	l c	heck this	box if your claim	is secured by collateral (including	
Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority Check this box if a) there is no collateral or lien securing your claim or a right of setoff) a right of setoff) Brief Description of Collateral						•	
				3	cription of Collate	-	
Unsecured Priority Claim				4	state Moto Collateral \$ <u>U</u>	r Vehicle Other	
Check this box if you have an unsecured claim all or part of which is entitled to priority Amount of arrearage and other charges							
Amount entitled to priority \$ secured claim if any \$\frac{4,090 98}{}							
Specify the priority of the claim	П	Up to	\$2:	225* of c	deposits toward p	urchase lease or rental of property	
Domestic support obligations under 11 U.S C § 507(a)(1)(A) (Or services for personal family or household use - 11 U S C 8 507(a)(7)						
(a)(1)(B)	П				owed to governm	nental units - 11 USC § 507(a)(8)	
Wages salaries or commissions (up to \$10 000) * earned with days before filing of the bankruptcy petition or cessation of the deb business whichever is earlier - 11 U S C § 507(a)(4)	in 180 tor's	Othe	r - Sp	pecify ap	plicable paragrap	h of 11 U S C § 507(a)()	
				-	•	1/1/07 and every 3 years thereafter to or after the date of adjustment	
Contributions to an employee benefit plan - 11 U S C § 507(s							
5 Total Amount of Claim at Time Case Filed	_		ecurec	<u>d)</u>	284,090 98 (secured)	284,090 98 (priority) (Total)	
Check this box if claim includes interest or other charges in ad interest or additional charges	dition to th	e prin	cipal	l amount	of the claim Att	ach itemized statement of all	
6. Credits The amount of all payments on this claim has been	n credited	nd de	duct	ed for the	e purpose of	THIS SPACE IS FOR COURT USE ONLY	
making this proof of claim. 7 Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase							
orders invoices itemized statements of running accounts, contracts, court judgments, mortgages, security							
agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the							
documents are not available explain. If the documents are voluminous attach a summary 8. Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped, self-							
addressed envelope and copy of this proof of claim							
Date Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)							
1/9/07 Dwight W Harauff Truston							
Drangh month						USA CMC	
Penalty for presenting fraudulent claim. Fine of up to \$500 000 o	r imprisonn	nent fo	or up	to 5 year	rs or both 18 U	S C	